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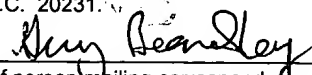
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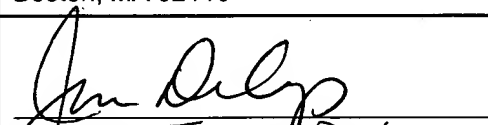


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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50150/007002
Applicant	William M. Mitchell et al.
Title	DIAGNOSIS AND MANAGEMENT OF INFECTION CAUSED BY CHLAMYDIA
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application 09/025,521, filed February 18, 1998.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	81 pages
Claims	13 pages
Abstract	1 page
Drawing	4 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	2 pages
Sequence Listing on Paper	43 pages
Sequence Listing on Diskette	[**] disk
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> Two copies from prior application 09/025,521 and such small entity status is still proper and desired.	2 pages
Preliminary Amendment	5 pages

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IDS	2 pages
Form PTO 1449	1 page
Cited References	12 references
Recordation Form Cover Sheet and Assignment	5 pages
A copy of a Petition for Extension of Time from prior application 09/025,521.	1 page
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355.00	\$355.00
Excess Claims Fee: 9 -20 x\$9	\$0
Excess Independent Claims Fee: 5 -3 x \$40	\$80.00
Multiple Dependent Claims Fee: \$270/\$135	\$
Total Fees:	\$435.00
<input checked="" type="checkbox"/> Enclosed is a check for \$435.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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Date: <u>November 8, 2000</u>	